

Village of Wappingers Falls Recreation Department

2582 South Ave. Wappingers Falls, NY 12590

Camp Director Tammy Vitulli 845-242-8805

Dear Parent/Guardian:

Welcome to the Village of Wappingers Falls Summer Camp. We are looking forward to your child having a fun time while meeting new friends, learning new things and participating in challenging activities. The camp is located at Veterans' Park on N. Mesier Avenue. Camp will run for six weeks from June 25th to August 10th. A fee of \$65.00 per child/week will be charged. Trip fees are additional.

Each week will be theme based with many activities daily:

Week 1 Science: We have created a fun hands on program of making experiments and do demonstrations.

Week 2 Cooking: A week filled with learning cooking skills with an end of week feast.

Week 3 Water: we will build our own water games and create our very own slip n slide.

Week 4 Sports: This week is a team building week with lots of fun.

Week 5 Music week: Explore music with a fun twist.

Week 6 Art week: a week to create and learn new things

Week 7 Fun in the sun week

There are 3 forms in this packet that MUST be completed prior to the first day of camp.

- Camp Medical History Form
- Camp Sign-Out Form
- Camp Discipline Policy

The Health Department requires these forms completed and returned to the Recreation Department by June 1st. Your child will not be able to attend camp unless these forms are received.

We would like to remind you that each camper should have/wear daily: shoes or sneakers (no flip flops or sandals), lunch of non-perishable foods, a water bottle, sunscreen, bug spray and a hat. Please label all of these items with your child's full name and put all these items in a backpack. Please apply sunscreen and insect repellent to your camper daily. Some days may be "sprinkler days". On those days you will also want to send a towel and a bathing suit or a change of clothes.

Along with a weekly calendar, signs will be posted under the tent in reference to field trips and special events. Please make sure that you take time to read them at the end of each day so that your child does not miss out on any events. An indoor facility may be used in the event of inclement weather. Notices will be placed at the tent to let you know where to drop off your child. The camp concession stand will be open on a daily basis to sell refreshments and snacks.

The camp cannot assume responsibility for any bikes, money, cell phones, etc. Please secure all items. There will be NO CELL PHONE USE during camp activities. AT NO TIME are WEAPONS of any kind allowed on the premises.

Drop off and sign out will be under the tent. Drop off is at 9am and pick up is promptly at 4:00pm. Campers must be signed out when they leave camp. Campers will only be released to someone listed on the Dismissal Form. Please complete the dismissal form and return it and the Camp Discipline Policy with your Medical Form. Campers left after 4:00 may be subject to a fee of SIO for every five minutes they are late.

This program will be operating under a Summer Day Camp permit issued by the New York State Department of Health. The Dutchess County Health Department will be inspecting the

camp at least twice this year. The inspection reports will be filed with the County Health Department at 85 Civic Center Plaza Suite 105, Poughkeepsie, NY 12601

Sincerely, Tammy Vitulli

The Summer Camp Staff

Village of Wappingers Falls Recreation Department

2582 South Ave. Wappingers Falls, NY 12590

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Camp Discipline Policy

The purpose of the camp is to provide a fun, enriching program in a safe environment for all campers and staff. To accomplish this, fair and reasonable rules have been established and will be enforced. All campers must understand that they are responsible for their own behavior.

Unacceptable Behaviors:

1. Repeatedly refusing to follow the instructions of camp staff.
2. Verbally abusing a staff member or another camper.
3. Striking, biting, kicking or physically abusing a staff member or fellow camper.
4. Intentionally damaging or taking of private property.
5. Repeatedly instigating physical or mental aggression.
6. Any behavior that puts the camper and others in a hazardous situation.
7. Leaving the group without permission.
8. Any form of inappropriate or unreasonable behavior that the Camp Director finds violates reasonable standards of camp behavior.

Consequences of Unacceptable Behavior:

All incidents are reviewed individually. When disciplinary action is warranted, generally, the following steps will be implemented:

1. Verbal warning to the camper (including an explanation).
2. Verbal conversation with parent(s) by phone or appointment.
3. Meeting required with camper and parent(s) to discuss the situation prior to continued attendance.
4. Dismissal from camp without refund.

This is to confirm that both the parent/guardian and camper have read the Camp's Discipline Policy and understand the policies and procedures set forth by the administration of the camp. By signing below, you agree to adhere to the appropriate standards of behavior that provide a safe and enriched environment for campers and staff. Furthermore you accept the actions that will take place in response to a camper not abiding by these policies and procedures.

Waiver: I understand there are risks of physical injury in participating in sports and recreational activities or programs. I hereby release the Village of Wappingers Falls, its employees, officials and agents from any and all liability or loss or damage to personal property that, my child or I may experience in connection with activities sponsored by the Village of Wappingers Falls Recreation Department. Please consider participant's own health, experience, and tolerance for risk before participating in any program. I also consent to the use of my or my child's photo, video, artwork, etc. by the department for flyers, presentations, etc.

Acknowledged and Accepted By: Parent/Guardian _____ Date _____

Camper _____

This document should be signed by both parent/guardian and camper then returned no later than June 1st.

Village of Wappingers Falls Recreation Department

2562 South Ave. Wappingers Falls, NY 12590

(845)297-8773

Camp Sign-out Form

PLEASE PRINT

Camper's Name:

Weeks Attending:

1ST Science week

2nd Cooking week

3rd Water week

4th Sports week

5th Music week

6th Art Week

7th Fun in the Sun

Individuals authorized to pick up this child:

Name &

Phone:

1. _____

2. _____

I authorize only the above list of people to pick up my child from camp.

Parent/Guardian Signature: _____ Date: _____

To be initialed at sign-out (during camp):

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7
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Monday							
Tuesday							
Wednesday							
Thursday							
Friday							

Please turn in to Recreation Department by June 1st.

Village of Wappingers Falls Recreation Department

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CAMP MEDICAL FORM

Confidential - PLEASE PRINT

Last Name/First Name: Weeks Attending:

Home Address:

Phone Number:

Date of Birth:

Parent/Guardian:

Daytime Phone/Cell

Emergency Contacts:

1.

2.

Primary Care Physician Name/Phone#:

Confidential Health History

Your child's safety and health are important to us. Please be honest in your responses so we can do everything within our abilities to insure your child has a safe and fun time in our summer program. If you have any questions concerning the information on this form, do not hesitate to ask us.

Physical

Restrictions: _____

Dietary

Restrictions: _____

Allergies (to food, bees, insects or medications): _____

Medications:

Taken in the last month: _____

To be taken during camp: _____

Any medications taken at camp:

- Any medication that can be given at home should be.
- Will be self administered. We can not administer medication.
- Will be kept in a secure facility by the Camp Staff.
- Must be in their original labeled pharmacy container.
- Must be accompanied by a note from a doctor giving instructions for taking medications.

Camper's Name: _____

Has your child ever had or do they now have:

	Now	Past	Explain
ADD/ADHD			
Asthma			
Bleeding/Clotting Disorder			
Convulsions/Seizures			
Diabetes			
Heart Defect/Disease			
Psychological Conditions			
Surgery			
Other			

A camper with a developmental disability will likely require enhanced supervision, assistance, and/or support to complete daily activities or to protect against behavior that potentially puts the camper, other children, or staff members at risk.

The New York State Department of Health now requires camps to "identify camper disability information (developmental and/or physical disabilities) during the camp's enrollment process.." In addition, camps are advised to determine if such

children have an "individual treatment, care, or behavioral plan that address a camper's unique physical, medical, behavioral, and/or social needs." Such a plan is not necessary, but if one exists the details should be shared with the camp.

- Does this child have a severe chronic disability attributable to mental retardation, cerebral palsy, epilepsy, autism or neurological impairment as determined by a qualified practitioner? Yes\ No

NOTE: Your child must have the immunizations required to attend school. Please attach a copy of their updated immunization record showing date of last immunization or booster on Physician's Letterhead. (Children entering kindergarten must be up to date for school). I hereby consent to emergency medical procedures deemed advisable for my child in the event I cannot be reached and my child has sustained an injury. The Recreation Department does not provide accident or hospitalization insurance for participants of its programs. All participants are advised to have adequate personal coverage.

Parent/Guardian Date _____